## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

GEO HOW I - General Illigitidation	IIOII														
1. Name and Mailing Address of Respondent HILL COUNTRY TELEPHONE COOPERATIVE, INC P O BOX 768 INGRAM, TX 78025	of Respondent ELEPHO	NE COOP	ERATIVI	E, INC									Che is a	Check here if this is a change of address.	
2. Year Report Filed 2019		3. Reportin	3. Reporting Period (Ending Date of Pay Period Covered by Report) FEB 09, 2019	ing Date of Pa port)	у		4. Number of Reporting a. Fe	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, are b. I/I 16 or more (complete all sections).	nployees dur k one): complete Sec	ing Selected	ected IV, and V only)				
SECTION II - Full-Time Employees.	rees.						9.	of Higher (coll	biete dii secti	olis)					
			¥1.				Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
Job								Race/Ethnicity							
Categories	His	Hispanic or Latino						Not-Hispanic or Latino	ic or Latino						Total
					Male	ale					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	:
Executive/Senior Level	0 Þ	0 в	2 0	0 0	т	П	G	Ι	0 -	ی د	*	o г	s	z	0
First/Mid-Level Officials and 1.2	2 1	_	11	0					ω	0		0			16
Professionals	2 0	4	6	0					2	-		0			13
Technicians	3 2	0	18	0					-	0		0			21
	0	0	2	0					2	0		0			4
Norkers Support	3	5	7	0					16	0		0			31
Sraft Workers 6	3	0	16	3					0	0		0			22
peratives 7															0
aborers and Helpers 8															0
ervice Workers 9															0
TOTAL 10	9	10	62	ω	0	0	0	0	24	1	0	0	0	0	109
PREVIOUS YEAR TOTAL 11	9	~	59	ω	0	0	0	0	26	-	0	0	0	0	106
							1	100							

Title of Person Signing CHIEF EXECUTIVE OFFICER		TION V - Certification  ify that to the best of my k	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers	lpers		Craft Workers	Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and Managers	Officials and Managers				Categories	Job	
E OF	ed or Prii . Crai	vledge, in	Commissi g parties	Commiss body hav	ination C	0	0	9	00	7	0	5 0	0	3 0	2 0	1.2	1.1	-	3				
EICE	R. Craig Cook	formation	involved,	ion that n	omplain						1.5%			_		0	0	Þ	Male		Hispanic or Latino		
~	Typed or Printed Name of Person Signing R. Craig Cook	, and belief	e following date filed, o	o complaint	ts Pursuan	0	0				0	0	0	0	0	0	0	В	Female	7	o ic or		
		all statemer	ction in such complaints a courts or age	s regarding v	t to 47 CFR	0	0				0	0	0	0	0	0	0	C	White				
MILLFULLY F		nts in this rep	matters durii illeging violat incies before	violations of the	22.321, 23.5	0	0				0	0	0	0	0	0	0	D	Black or African American				
ALSE STATE		ort are true ar	ng the calendations of the prowhich the ma	ne equal empl	5, 90.168, 101	0	0											т	Native Hawaiian or Other Pacific Islander	2			
EMENTS MAI	Signature	id correct.	ar year cover ovisions of an tter has been	oyment provi	.4, and 101.:	0	0											п	Asian	Male			
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).			ed by this report y equal emplotheard, file nu	sions of Fede	311.	0	0											9	American Indian or Alaska Native				Nur (Report emp
	4,0		ort. yment opport mber or other	al, state, terri		0	0											I	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)
	6		unity statute h	torial, or local		0	0				0	0	0	0	0	0	0	_	White		Not-Hispanic or Latino	Ų	oyees one category
			nave been file and current s	statutes have		0	0				0	0	0	0	0	0	0	ر	Black or African American				77)
	Telephone No. (830) 367-5333		been filed against this company, current status or disposition.	e been filed ag		0	0											~	Native Hawaiian or Other Pacific Islander	Fe			
			company. sition.	gainst this		1	1				0	0	0	_	0	0	0	-	Asian	Female			
						0	0											Z	American Indian or Alaska Native				
						0	0											z	Two or more races				
VOCATION						-	-	0	0	0	0	0	0	_	0	0	0	0		Columns A - N	Total		